

County of San Bernardino
Department of Public Health
351 North Mountain View, San Bernardino, CA 92415-0010

Employee
Name:

Last: (Please Print)

First:

Information Security
Health Insurance Portability and Accountability Act (HIPAA)

Basic Training
Acknowledgement Form

The County of San Bernardino, Department of Public Health has provided me with basic training related to the Health Insurance Portability and Accountability Act (HIPAA).

I have read the training material and I understand:

- What HIPAA is, its purpose and why we need it.
- HIPAA penalties
- What Protected Health Information (PHI) is and is not
- I am not allowed to disclose PHI to anyone
- What disclosures are:
 - Required by law
 - Permitted under HIPAA and
 - Miscellaneous allowable disclosures
- HIPAA safeguards
- Clients rights and
- Department of Public Health HIPAA complaint procedure

I agree that I will safeguard all protected health information.

<i>Employee Signature:</i>	<i>Date Signed:</i>
<i>Public Health Section <u>or</u> Program:</i>	<i>Program Manager:</i>

Employment Dates:	Start Date:	End Date:
-------------------	-------------	-----------